

# MHSA DATA REQUIREMENTS: *Prevention and Early Intervention*

Celeste Cramer

*BCDBH MHSA Administrative Analyst*



WELLNESS • RECOVERY • RESILIENCE

# MHSA BACKGROUND



- **Proposition 63: Mental Health Services Act (MHSA)**
- **Law went into effect on January 1, 2005**
- **1% tax on millionaires**

*“...to create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families”*

*- Vision Statement and Guiding Principles for Department of Mental Health implementation of MHSA*



WELLNESS • RECOVERY • RESILIENCE

# MHSA COMPONENTS



- **Community Services and Supports (CSS)**
  - Focuses on direct services
  - Approximately \$8.5 million for 2018-2019
  - Accounts for about 75% of county MHSA budget
- **Prevention and Early Intervention (PEI)**
  - Focuses on the prevention of untreated mental illness
  - Approximately \$2.3 million for 2018-2019
  - Accounts for about 20% of county MHSA budget
  - 51% of PEI funds have to be spent on consumers 25 years of younger
- **Innovation (INN)**
- **Capital Facilities & Technological Needs**
- **Workforce Education & Training (WET)**



WELLNESS • RECOVERY • RESILIENCE

# PEI PROGRAM TYPES



- **Required Programs**

- Prevention
- Early Intervention
- Outreach for Increasing Recognition of Early Signs of Mental Illness
- Access and Linkage to Treatment
- Stigma and Discrimination Reduction

- **Optional Programs**

- Improve Timely Access to Services for Underserved\* Populations
- Suicide Prevention

DEFINING TERMS USED: **Underserved:** *clients with serious mental illness but are not receiving adequate services*  
**Unserved:** *clients with serious mental illness who will not engage in treatment*



WELLNESS • RECOVERY • RESILIENCE

# PEI STRATEGY TYPES



- **Required Strategies**
  - Access and Linkage to Treatment
  - Improve Timely Access to Services for Underserved Populations
  - Strategies that are Non-Stigmatizing and Non-Discriminatory
- **Optional Strategies**
  - Outreach for Increasing Recognition of Early Signs of Mental Illness



WELLNESS • RECOVERY • RESILIENCE

# STRATEGIES



**Access and Linkage to Treatment:** Connecting people with severe mental illness, as early in the onset of these conditions as practicable to medically necessary care and treatment, including but not limited to care provided by county mental health programs.

- How do consumers access your program?
- How are you engaging with consumers early in the onset of their mental illness?
- Do you provide access to treatment (if you are not the one providing the treatment) – transportation, warm hand-off, referrals?



WELLNESS • RECOVERY • RESILIENCE



# STRATEGIES



**Timely Access to Mental Health Services for Underserved Populations (individuals and families):** Increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available and cost of services.

- What services do you provide to ease access to services?
- How are you providing culturally appropriate services?
- How are consumers getting to your services or are you going to them?



WELLNESS • RECOVERY • RESILIENCE

# STRATEGIES



**Stigma and Discrimination reduction:** Promoting, designing and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming and positive.

- How are your services accessible, welcoming and/or positive?
- How are you focusing on wellness, recovery and resiliency?
- How are you affecting attitudes about mental illness or seeking mental health services? In relation to race and sexual orientation?
- How are you including family members?
- Are you employing consumers/peers?



WELLNESS • RECOVERY • RESILIENCE



# PEI REPORTING REQUIREMENTS



- **Name of Program**
  - Should not change so that MHSA can keep track of progress
- **Target Population – Including Demographics**
  - Main components: Age, Race, Ethnicity, Primary Language, Sexual Orientation, Disability, Veteran Status, and Gender
- **Needs/Problems**
  - How will the program direct their services & activities to address at least one of the 7 negative outcomes defined in the Welfare and Institution Code 5840?
    1. Suicide
    2. Incarcerations
    3. School failure or dropout
    4. Unemployment
    5. Prolonged suffering
    6. Homelessness
    7. Removal of children from their home



WELLNESS ● RECOVERY ● RESILIENCE

# 1. PREVENTION REQUIREMENTS



- **Program Name**
- **Unduplicated numbers of individuals served**
  - If the Program served both at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), numbers should be separate for each category
  - If a Program served families, the number of family members served should be reported.
- **Strategies including:**
  - Access and Linkage
  - Improving Timely Access to Services for Underserved Populations
  - Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory



***PROGRAMS IN THIS CATEGORY:*** African American Family & Cultural Center (AAFCC), Live Spot, Promotores, Zoosiab (Hmong Cultural Center)

# 1. PREVENTION REQUIREMENTS



- **For each Prevention Program, outcomes need to measure:**
  - The reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors (including but not limited to: experience of severe trauma, ongoing stress, exposure to drugs or toxins – including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, etc.)
  - The reduction of indicators
  - Increased protective factors that may lead to improved mental, emotional, and relational functioning
- **For each Program, the methods of measuring outcomes, should be one or a combination of the following:**
  - Evidence-based practice standard
  - Promising practice standard
  - Community and or practice-based evidence standard



WELLNESS ● RECOVERY ● RESILIENCE

## 2. EARLY INTERVENTION



- **Program Name**
- **Unduplicated numbers of individuals served**
  - If the Program served both at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), numbers should be separate for each category
  - If a Program served families, the number of family members served should be reported.
- **Strategies including:**
  - Access and Linkage
  - Improving Timely Access to Services for Underserved Populations
  - Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory



**PROGRAMS IN THIS CATEGORY: Older Adult Suicide Prevention & Education (Passages)**

## 2. EARLY INTERVENTION



- **For each Early Intervention Program:**
  - Services can not exceed 18 months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, then services can continue for 4 years.
  - Services may include services to parents, caregivers and other family members of the person with early onset of a mental illness.
- **For each Program, the methods of measuring outcomes, should be one or a combination of the following:**
  - Evidence-based practice standard
  - Promising practice standard
  - Community and or practice-based evidence standard



WELLNESS ● RECOVERY ● RESILIENCE

# 3. OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS



- **Program Name**
- **Number of Potential Responders**
- **Types and settings of potential responders the Program intends to reach**
  - Examples of types: teachers, nurses, family, health care providers, etc.
  - Examples of settings: Family resource centers, schools, cultural organizations, etc.



**PROGRAMS IN THIS CATEGORY: National Alliance On Mental Illness (NAMI)**



# 3. OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS



- **Strategies including:**
  - Access and Linkage
  - Improving Timely Access to Services for Underserved Populations
  - Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory
- **Methods used to reach out and engage potential responders and methods to be used so that responders can learn about identifying and responding to sign and symptoms of mental illness, should include one or more of the following**
  - Evidence-based practice standard
  - Promising practice standard
  - Community and or practice-based evidence standard



WELLNESS ● RECOVERY ● RESILIENCE

# 4. ACCESS AND LINKAGE TO TREATMENT PROGRAM/STRATEGY



- Program Name
- Number of individual with serious mental illness referred to treatment, and the kind of treatment to which the individual was referred.
- Number of individuals who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which they were referred.
- For referrals to treatment that are provided by or overseen by county mental health, the average duration of untreated mental illness.
- Average interval between the referral and participants in treatment, defined as participating at least once in the treatment to which referred.

*REFERRAL = the process by which an individual is given a recommendation in writing to one or more specific service providers for a higher level of care and treatment.*



**PROGRAMS IN THIS CATEGORY:** Welcoming, Triage & Referral (WTR), Warm Line (NEW)

# 4. ACCESS AND LINKAGE TO TREATMENT PROGRAM/STRATEGY



- **Strategies including:**
  - Access and Linkage
  - Improving Timely Access to Services for Underserved Populations
  - Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory
- **Methods used for outcomes is based on one or more of the following standards:**
  - Evidence-based practice standard
  - Promising practice standard
  - Community and or practice-based evidence standard



WELLNESS ● RECOVERY ● RESILIENCE

# 5. STIGMA & DISCRIMINATION REDUCTION PROGRAM



- **Program Name**
- **Identify who the Program intends to influence**
- **Method and activities to be used to change attitudes, knowledge, including time frames for the measurement**
- **Specify how the chosen method is likely to bring about the selected outcomes**
  - Evidence-based standard or promising practice standard; or
  - Community and/or practice based standard
- **Strategies including:**
  - Access and Linkage
  - Improving Timely Access to Services for Underserved Populations
  - Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory



**PROGRAMS IN THIS CATEGORY:** Stonewall Alliance SAYes Program

# REPORTING DEMOGRAPHICS



- **Age:**
  - 0-15 (children/youth)
  - 16-25 (transition age youth)
  - 26-59 (adult)
  - 60+ (older adult)
  - Declined To Answer
- **Primary Language (List all languages reported or threshold languages for our county):**
  - English
  - Spanish
  - Hmong
  - Declined To Answer



WELLNESS • RECOVERY • RESILIENCE

# REPORTING DEMOGRAPHICS



- **Disability:**
  - Yes
  - No
  - Declined To Answer
- **If “Yes”, then:**
  - Difficulty seeing
  - Difficulty hearing, or having speech understood
  - Mental domain not including mental illness (including but not limited to: learning disability, developmental disability, dementia)
  - Physical/mobility domain
  - Chronic health problems (including, but not limited to, chronic pain)
  - Other (specify)



WELLNESS • RECOVERY • RESILIENCE



# REPORTING DEMOGRAPHICS



- **Race by the following categories:**
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or other Pacific Islander
  - White
  - More than one race
  - Other
  - Decline To Answer



WELLNESS • RECOVERY • RESILIENCE

# REPORTING DEMOGRAPHICS



- **Ethnicity by the following categories (Hispanic or Latino as follows):**
  - Caribbean
  - Central American
  - Mexican/Mexican-American/Chicano
  - Puerto Rican
  - South American
  - Other
  - More Than One Ethnicity
  - Decline To Answer



WELLNESS • RECOVERY • RESILIENCE

# REPORTING DEMOGRAPHICS



- **Ethnicity by the following categories (Non-Hispanic or Non-Latino as follows):**
  - African
  - Asian Indian/South Asian
  - Cambodian
  - Chinese
  - Eastern European
  - European
  - Filipino
  - Japanese
  - Korean
  - Middle Eastern
  - Vietnamese
  - Other
  - More Than One Ethnicity
  - Decline To Answer



WELLNESS • RECOVERY • RESILIENCE

# REPORTING DEMOGRAPHICS



- **Gender - Assigned sex at birth:**
  - Male
  - Female
  - Declined To Answer
- **Gender - Current gender identity (12 years and older):**
  - Male
  - Female
  - Transgender
  - Genderqueer
  - Questioning or unsure of gender identity
  - Another gender identity
  - Decline To Answer



WELLNESS • RECOVERY • RESILIENCE

# REPORTING DEMOGRAPHICS



- **Sexual Orientation (12 years and older):**
  - Gay or Lesbian
  - Heterosexual or Straight
  - Bisexual
  - Questioning or unsure of sexual orientation
  - Queer
  - Another sexual orientation
  - Declined To Answer
- **Veteran Status (12 years and older):**
  - Yes
  - No
  - Decline To Answer



WELLNESS • RECOVERY • RESILIENCE